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Attention: Medicaid Physicians, Pharmacies, FQHC, RHC, and  
Nursing Homes

**Effective May 3, 2004**, the Alabama Medicaid Agency requires prior authorization (PA) for payment of non-preferred brand Cardiac Agents, Triptans, Estrogens, Respiratory Agents and Intranasal Corticosteroids. The PA request form can be found on the Agency website at [www.medicaid.state.al.us](http://www.medicaid.state.al.us). Requests may be faxed, or mailed to:

**Health Information Designs (HID)**  
**Medicaid Pharmacy Administrative Services**  
**P. O. Box 3210**  
**Auburn, AL 36832-3210**  
**Fax: 1-800-748-0116**  
**Phone: 1-800-748-0130**

PA requests failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider alert should be directed to the Pharmacy Program at (800) 362-1504. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

April 7, 2004



P.O. Box 241685  
Montgomery AL 36124-1685